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Howard Fisenberg

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Filing Date	Fel	February 22, 2002 ••Ronald Wetzel 1645				
			First Named Inv nt r	··Ro					
			Group Art Unit	164					
			Examiner Name						
Total Number of Pages in this Submission			Attorney Docket Number	н	HME/7477.014				
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Fee Transmittal Form Fee Attached Amendment/Response After Final Affidavit(s)/Declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Part(s)/ Incomplete Application Response to Missing Parts		(f	ssignment Papers or an application) Drawings censing-related Papers etition Routing Slip (PTO/SB/69) and Accompanying Petition etition To Convert to a Provisional pplication ower of Attorney, Revocation, Char of Correspondence Address erminal Disclaimer mall Entity Statement equest for Refund	nge	☐ After Allowance Communication to Group ☐ Appeal Communication to Board of Appeals and Interferences ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply. Brief) ☐ Proprietary Information ☐ Status Letter ☒ Additional Enclosure(s) (please identify below) *- plus submitted references 20 Non-patent documents				
under 37CFR 1.52 or 1.53		Rema	arks:						
	SIGNAT	URE C	OF APPLICANT, ATTORNEY,	OR /	AGENT				
Firm or Individual Name	Howard M. Eisenberg 1600 ODS Tower, 601 SW Second Ave Portland, OR 97204-3157								
Signature	Hora	Hora Cu							
Date	April 30, 2002	April 30, 2002							
		(CERTIFICATE OF MAILING						
			deposited with the United States Pos., Washington, D.C. 20231 on this c		Service as first class mail in an envelope				

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April 30, 2002

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

	Complete If Known TECH CENTER 16 0.290
Application Number	10/082,673
Filing Date	February 22, 2002
First Named Inventor	Ronald Wetzel
Examiner Name	
Group/ Art Unit	1645
Attorney Docket No.	HME/7477.014

	Examiner Name			ame					
	Group/ Art Unit			Init	1645				
TOTAL AMOUNT OF PAYMENT \$0		Attom	ey Doo	cket No.	HME/7477.014				
METHOD OF PAYMENT (check one)				FEE	CALCULATION	(continued)			
	3. ADDITIONAL FEES								
The Commissioner is hereby authorized to charge the indicated fees and credit any over payments to:	Large Entity Small Entity								
Deposit Account Number 50-1773	Fee	Fee	Fee	Fee Fe	e Description			Fee Paid	
Deposit Account Name Howard Eisenberg	Code	(\$)	Code	(\$)	·				
Charge any additional fee required under 37 CFR 1.16 & 1.17	105	130	205	65 Su	rcharge - late filin	g fee or oath			
Applicant claims small entity status. See37CFR 1.27	127	50	227		rcharge-late prov eet	ge-late provisional filing fee or cover			
2. Payment Enclosed	139	130	139	130 No	n-English specifi	cation			
Check Condit Cond Money Order Other	147	2,520	147	2,520 For	r filing a request t	or ex-parte reex	amination		
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1. BASIC FILING FEE	113	1840*	113		questing publicat tion	ion of SIR after	Examiner		
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106 330 206 165 Design filing fee	119	320	219		tice of Appeal	WICHT HILL HIGHL	11		
108 740 208 370 Reissue filing fee	120	320	220		ng a brief in supp	ort of an appeal	Į		
114 160 214 80 Provisional filing fee	121	280	221		quest for oral hea				
SUBTOTAL (1) \$0	138	1,510	138		tition to institute a	-	ceeding		
2. EXTRA CLAIM FEES	140	110	240	•	tition to revive - u	· · · · · · · · · · · · · · · · · · ·			
Fee from Fee	141	1,280	241	640 Pe	tition to revive - u	nintentional			
Extra Claims below Paid	142	1,280	242	640 Uti	lity issue fee (or ı	reissue)			
Total Claims -49** = 0 x 9 = 0	143	460	243	230 De	sign issue fee				
Indep. Claims 7** =0 x 42 =0	144	620	244	310 Pla	int issue fee				
Multiple Dependent = 0	122	130	122		titions to the Con	 			
or number of previously paid, if greater. For reissues, see below.		50	123		_	der 37 CFR 1.17(q)			
	126	180	126			sion of Information Disclosure Strnt.			
Large Entity Small Entity	581	40	581		cording each pat nes number of pr		per property	\vdash	
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	146	740	246		ing a submission 7 C.F.R. 1.129(a)		ion		
103 18 203 9 Claims in excess of 20				•					
102 84 202 42 Independent claims in excess of 3	149	740	249		r each additional 7 C.F.R. 1.129(b)		examined		
104 280 204 140 Multiple dependent claim, if not paid		740	279		quest for Continu		•		
109 84' 209 42 **Reissue independent claims over original patent	169	900	169		quest for expedit plication	ed examination	of a design		
110 18 210 9 *Reissue claims in excess of 20 and over original patent	Other	(specify))	*			W-1-		
SUBTOTAL (2) \$0	* Redu	uced by	Basic F	iling Fee P	aid	SUBTOT	TAL (3)	\$0	
SUBMITTED BY		Como	lete /if	applicable)					
Name (print type) Howard Ejsenberg, Esq.				tion No.	36,789	Telephon	(503) 22	7-5631	
		. '	5.00.01		50,703	Date	April 30, 20		
Signature How Eu	_			ـ		Date	, spin 50, 20	.~.	